Form (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective  $\begin{tabular}{lll} December 31, 2007 \end{tabular}$ 

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage , ,		
11. Inland Marine Coyumercial	1,564	-7.0%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: <u>No</u>	territory (territories)or	certain classes?

Brief description of filing. (If filing follows rates of an advisory

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

**SEP 1 1 2007** 

SPRINGFIELD, ILLINOIS

INS00106

organization, specify organization):

Type of Filing: Update Loss Cost Multiplier

Description of filing:

We are filing to update our loss cost multiplier with our current expenses. Our proposed rate change for Commercial Inland Marine is -7.0%. Our current loss cost multiplier on file is 1.699, effective March 1, 2006.

This filing is a revision to the monoline rates of the Commercial Lines Manual; these rate changes will impact the premiums of our Business Package Policies. In addition to providing the rate changes and premium distribution by line for the Monoline Policies, we are also including the rate change and premium distribution by line on our Business Package Policies.

Implementation date: New business and renewals effective: December 31, 2007

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Allstate Insurance Company

Name of Company

Kelly S. Urban - Senior State Filings Analyst

Official - Title

H29219D

# SUMMARY SHEET

Change in Company's premium or rate level produced by r	ate revision effectiv	06-07-07
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liabilit	v ordino (mmors)	
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		-
4. Burglary and Thef		
5. Glass		
6. Fidelity		
7. Surety		-
8. Boiler and Machinery		-
9. Fire		
10. Extended Coverage		<u> </u>
11. Inland Marine	61,651	4.53%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		-
15. Other		· · · · · · · · · · · · · · · · · · ·
Line of Insurance		· -
Does filing only apply to certain territory (territories) or ce	rtain classes? If so, specify	
	<del></del>	
Diction (CC) (CC) (C)		
Brief description of filing. (If filing follows rates of an adv		
The proposed rate change includes an added deductible and		nedical claims as well as
a change is some of the rates per value. Please see Exhibit	ia for details.	
* A live of the medicate all major meta abandos		
* Adjusted to reflect all prior rate changes.		
** Change in Company's premium level which wil		
result from application of new rates.		
DIVISION OF INSURANCE STATE OF ILLINOISIDEPR	( )	
DIVISION	<b>'</b>	
RECE	1	Amarican Homa Acqueence Comm
7 200/	1	American Home Assurance Comp Name of Company
I Jun	1	reache of Company
) NO	ois	To Class
JUN - 7 2007  SPRINGFIELD, ILLING		Jenny Cheung Official-Title

(	hange in Company's premium or rate	level produced by rate revision effective	NOVEMBER 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	646,152.00	+9.8%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (te Γ APPLICABLE	erritories) or certain classes? If so, specify:	
DIA ANI MO RA	MOND STATE INSURANCE D APPROVAL, A REVISION RTALITY PROGRAM. IN TH TING FACTORS. THIS PROC	s rates of an advisory organization, specify DEPARTMENT IS SUBMITTING TO ITS CURRENTLY APPPROVI HIS SUBMISSION, WE ARE REVI GRAM PROVIDES COVERAGE F LOSS OF USE, AND OTHER RE	FOR YOUR REVIEW ED EQUINE ISING OUR RATES AND OR EQUINE

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

SEP 2 4 2007

SPRINGFIELD, ILLINOIS

DIAMOND STATE
INSURANCE COMPANY
Name of Company

LINDA C. HOHN , VICE PRESIDENT AND ASSOCIATE GENERAL COUNSEL

Official - Title

(	Change in Company's premium or ra	te level produced by rate revision effective	3-1-2008
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	- AND THE PROPERTY OF THE PROP	
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	414444	
4.	Burglary and Theft	****	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$7,853	+0.9%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
		territories) or certain classes? If so, specify:	
No, t	his is a statewide revision.		
		s rates of an advisory organization, specify of	organization):
	ot ISO loss costs and revise our minis		

- \* Adjusted to reflect all prior rate changes.
  \* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

SEP 1 0 2007

SPRINGFIELD, ILLINOIS

Harleysville Insurance Company Name of Company

Eileen Fisher

Senior State Filings Analyst

Official - Title

(	Change in Company's premium or ra	te level produced by rate revision effective	3-1-2008
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$675,422	+0.4%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		-
	Line of Insurance		
	filing only apply to certain territory (this is a statewide revision.	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follow of the 2006 loss costs and revise our r	s rates of an advisory organization, specify on inimum premium.	organization): 50

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

SEP 1 0 2007

SPRINGFIELD, ILLINOIS

Harleysville Lake States Insurance Company

Name of Company

Eileen Fisher

Senior State Filings Analyst

Official - Title

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (minois)	Change ( · Oz /
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		<del></del>
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$5,015,000	+3.2
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	
		s rates of an advisory organization, specify	organization):
rilin	g rates and forms for use with our Ve	terinary Pet Insurance program.	



National Casualty Company /
Name of Company

Dawn Gormley - Filings Analyst I
Official - Title

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

### SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -
utomobile Liability Private		
Passenger		0.00%
Commercial		0.00%
utomobile Physical Damage		
Private Passenger		0.00%
Commercial		0.00%
iability Other Than Auto		0.00%
urglary and Theft		0.00%
lass		0.00%
idelity		0.00%
urety		0.00%
oiler and Machinery		0.00%
ire		0.00%
xtended Coverage		0.00%
nland Marine	325,337	-1.60%
omeowners		0.00%
ommercial Multi-Peril		0.00%
rop Hail		0.00%
ther		0.00%
Life of Insurance		
oes filing only apply to cer lasses? If so, specify: <u>No</u>	tain territory (territo . All Temitories	ries) or certain
rief description of filing. organization, specify organiz segment of the StarNet Animal Mortality Prog	ation): Proposal to reduce ra	tes for the Vet Services
Additionally, two new limits (\$10,000 and \$12		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

new rates.

ويدفق

SEP 2 4 2007

SPRINGFIELD, ILLINOIS

StarNet Insurance Company

FILED

Ryan J. Boulware -- Analyst
Official--Title

MAR 1 7 1983

SOS . ISU . CODE UNIT